

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 097857128  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3							53						
4	/		/				54						
5							55						
6							56						
7							57						
8	/		/				58						
9	/		/				59						
10							60						
11	/		/				61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	/		/				68						
19	/		/				69						
20							70						
21	/		/				71						
22	/		/				72						
23							73						
24							74						
25							75						
26							76						
27	/		/				77						
28	/		/				78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11		10				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						